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ACTION OF OPIUM ON THE GENITO-URINARY ORGANS.

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[Communicated for the Boston Medical and Surgical Journal.]

In the JOURNAL of Sept. 26th, Dr. Woodward, of Illinois, expresses the opinion that opium and its compounds are diuretics. My experience corroborates that of Dr. W., and I have been satisfied for a few years past that opium, or morphia rather, in small doses, was one of the most reliable diuretics that a physician generally carries about him. It is, however, a diuretic merely, and does not increase the solid constituents of the urine except incidentally. This, I perceive, Dr. W. suspects. He has omitted one marked feature in its action upon the bladder, or upon the expulsive muscles of that viscus, viz., the partial paralysis it produces when given in large doses, or in moderate doses frequently repeated. I have often seen such paralysis of the muscles produced, by one third of a grain of acetate of morphia, given every two hours, that a catheter had to be passed to relieve the patient. This more frequently occurs in patients unaccustomed to its use. This suggests something with regard to spts. nit. dulc., of which I shall speak farther on.

As to Dr. W.'s opinion, that opium acts upon the kidneys by relaxing their tension, I cannot agree with him. Opium relieves *general* irritability for a time at least, but that its diuretic effect is due to this property is questionable; for Dr. W., or any one else who has observed its diuretic effect, must also have observed that *during that action the tolerance of the bladder is diminished*. The patient has to "make water" much oftener than usual, and in smaller quantities than usual. With one of my patients, I endeavored to ascertain how much this irritability of the bladder was increased, and I measured his urine each time he voided it, making several experiments with him. I found that the quantity of urine passed each time, while under the influence of morphia, varied from two ounces to six; but when he was not under the influence of the drug, the quantity varied from six to ten ounces. Though I never measured the quantity in any but this case, yet I have observed that,

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almost invariably, the tolerance of the bladder has been diminished by the action of the medicine; and I avoid its use in vesical disease.

The diuretic action of morphia is the second effect it produces, and is generally observed in from 15 to 25 minutes after its administration; or about the same time as its third and fourth, or anodyne and exhilarant effects. Its first action is an injection of the capillaries, and is known by a sensation of heat, and flushing of the surface. Its diuretic action, in my opinion, instead of being due to its sedation, is, on the contrary, the effect of its *irritation* as it is excreted by the kidneys. It acts upon the kidneys, the skin, and every other part by which it is excreted, as a direct irritant. The itching of the skin produced by it, where it has not been sufficiently diluted with sweat, is familiar to every body. The tickling which it at first produces in the bronchial membrane, before its excretion is accompanied with the thick yellow phlegm which soon envelopes it, is not so familiar to observers, but I have noticed it repeatedly. These are instances of its irritant action, and its diuretic effect depends on the same property. It acts upon the kidneys as a direct irritant, and thus stimulates them to increased secretion of water, simply; just as iodine, bromine, digitalis, and the like, act. The same effect is produced by quinine, caffeine, strychnine, and other alkaloids; as every body, who has used them much, knows. Morphine is therefore what Dr. Golding Bird would call a *renal hydragogue*, in contradistinction to *renal depurants*. The former increases the watery portions, only, of the urine; the latter increase the solids also.

Now with regard to the hyponitrite of protoxide of ethyle and spirit of nitric ether, I will first say that the article which we use so much under the name of "sweet spirit of nitre" is neither one nor the other of these. The adulteration has been carried to such an extent, that the original article is now almost entirely superseded by a substitute which seems to be a mixture of alcohol, ether, and something else. Its composition I do not know, but I know that we use the article and call it *sweet spirit of nitre*, which is perhaps better than to retain the chemical name of the original under the circumstances. The sweet spirit of nitre now in use seems to answer the purpose of the genuine article quite well, viz., that of a diffusible stimulant, or a febrifuge diuretic, according to its mode of administration. This drug is more commonly used than any other as a diuretic, and yet I think that, as a renal hydragogue, it is inferior to many of our common articles of that class—very little better, in fact, than any of the alcoholic beverages, and far inferior to the juice of water-melon; while as a renal depurant it is of no use at all. Its effects upon the bladder, however, in enabling that viscus to expel its contents, are, I believe, both marked and valuable. I have several times seen the administration of one or two full doses enable a patient to void urine in twenty minutes, after he had been for two or three hours tor-

mented with the effects of temporary paralysis of the bladder, produced by opium or its compounds. Its most marked benefits, so far as my use of it goes, have been, not in increasing urine, but in assisting its evacuation from the bladder, and allaying vesical irritability.

I now revert to Dr. Woodward's notion of the mode of diuretic action of opium, and also to that condition of the bladder which I have called *partial paralysis*. You will have observed that I have spoken of the retention of urine as being caused by paralysis of the bladder, or of the expulsory muscles. I have done so only for convenience; for I believe that the condition is not one of paralysis, but is really a *spastic contraction* of the sphincter of the neck of the bladder. This spastic contraction is often produced in a greater or less degree by irritating matters in the bladder, or an irritable condition of the prostate or urethra; in short, it is frequently the result of irritation. When it follows the use of opium, it is the result, in part, of the vesical irritability produced by the opium in the urine, and in part by the specific action of the drug on the muscle, producing tonic contraction of it in the same way that it is known to produce contraction of the pupil. We know that opium causes contraction of the pupil by contracting the semi-involuntary muscle, the iris; and I believe that the so-called paralysis is a similar contraction of the semi-involuntary vesical sphincter. The sweet spirit of nitre relieves this condition, and I think it does so by the relaxing and antispasmodic effect of the ether it contains. Certain it is, that no other medicine classed as a prominent diuretic will produce a flow of urine in such a case, and this leads me to attribute the relief to the antispasmodic rather than to a diuretic action. If this be so—if the flow of urine in this case is the result of an antispasmodic action; and if, as has been shown, opium acts as a direct irritant to the mucous surfaces during excretion; and, finally, if it produces spastic contraction of the iris and analogous muscles—then I do not see that Dr. Woodward's opinion of its *modus operandi* is tenable. In fact, I think it effectually disproves that opinion.

Before getting too far from the sweet spirit of nitre, I will state what I regard as pretty strong evidence, negatively, of the inefficiency of that drug as a diuretic, viz., that, in cases of suppression of urine, little or no confidence is placed in it as a remedy. I never knew or heard of a well-established case of anuria to have been benefited *in the least* by its use, but I have seen most valuable effects follow the administration of the thirtieth of a grain of digitalin, given every two hours.

The observation of Dr. W. with regard to the anaphrodisiac effects of opium is correct, as far as it goes, but he evidently has not seen its use persevered in, repeatedly, for several days or weeks at a time, and with intervals of several days or weeks. Its use, in this latter way, produces atonic spermatorrhœa during the

intervals. But I find I have lengthened this letter too much already; and as the effects of opium on the procreative functions would, for even a partial statement, require a very long letter of themselves, I shall not enter upon them.

Dr. W. says truly that "though opium has been known as a therapeutic agent from the earliest ages, it is not yet fully understood." We get but a very imperfect account of the physiological and therapeutical effects of opium from the books on *materia medica* and therapeutics. The writers of such books must be either culpably negligent, in omitting to mention some of the most important actions of opium, or most astoundingly obtuse in not having observed them. There is, in fact, no way at the present time in which a medical student can learn the actions and effects of opium, or how to use it to the best advantage. He has to learn its powers and uses for himself, after he has commenced practice. It is a shame and disgrace to the profession, that so important an article should be so little understood.

By the way, are you aware that opium is used as an abortifacient? It is a reliable one, if a person knows how to use it. But I had decided on not broaching its effects on the generative functions—so farewell.

*Port Huron, Mich., Sept. 30, 1861.*

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#### A PRACTICAL ESSAY ON ANEURISM.

[Continued from page 198.]

##### THE STRUCTURE OF THE TUMOR AND PROGRESS OF THE DISEASE.

As the structure of the tumor varies with the progress of the disease, we embrace these two points under one head.

In examining closely into the peculiarities of the structure of the aneurismal tumor, we find that generally the whole periphery of the artery is implicated in the predisposing disease, and is more or less altered in form. In but comparatively a small number of cases does it lead to the expansion of the whole arterial tube mentioned before, and described by Guthrie as "preternatural dilatation." In the greater number, whilst it is somewhat enlarged, and its regular contour altered, it remains otherwise unaffected, and from one side proceeds the aneurismal tumor, communicating with the tube by an aperture which, in the later stages of the disease at least, seems small when compared either with the calibre of the vessel or with the size of the sac.

If the affection is recent, the three tunics of the artery are found whole, but thickened, inelastic, and frequently permeated by an atheromatous deposit. Still later, the inner ones yield, so that the outer cellular coat alone remains to the sac. This yielding or rupture of the internal coats is often a sudden thing, following some



exertion of the patient, and the tumor, after having been stationary, probably for some time, suddenly increases. The remaining tunic would soon follow the fate of the others, but we find an alteration in its nature—a deposit, apparently the result of inflammatory action, thickening and strengthening it, and frequently uniting it to the surrounding tissues, thus additionally fortifying it. What is left of the inner tunics, where they can be detected, is found to present a reticulated or open-work appearance, except around the original opening and around the mouth of any artery that may chance to open out of the aneurismal sac. Here there is found a well-defined and regularly circular disc of the internal tunic, generally preserving greatly its integrity—smooth and polished. This condition, we believe, was first described by Chassaignac. At other points, the internal tunic may hang loose into the cavity of the sac, as if torn in different directions, and presenting ragged and fringe-like edges.

The cavity of the sac is not simply a receptacle for the blood that is forced into it, but it is in later stages of the disease occupied by what has been generally described as a coagulum. This is not a homogeneous mass, but is formed of two distinct substances—coagulable lymph or fibrine, and coagulable red blood. This distinction, though not hitherto generally made by writers, will be readily allowed by any one who has carefully inspected the contents of an aneurismal sac. Wardrop, who has stated it more plainly and fully than any other, shows that these concretions are the result of two entirely different processes, and points out the importance of a discrimination between them in the treatment of the disease. Through this concretion of coagula the cavity passes, but always to one side, not through the middle. Any arteries given off from the tumor have a special channel provided for themselves in the midst of it.

The fibrinous concretion is found in concentric lamina, the greatest aggregate thickness of which is opposite the communication with the artery—towards which orifice the edges of the lamina thin off. The lamina are more or less easily separable from each other according, generally, to the age of the sac, and are denser towards its circumference, and as it grows older. Towards the centre, where they are in contact with the blood, they are soft, flocculent, and stained red by the blood, coagula of which are mixed with the fibrine. The inner surface of this concretion, where it makes a wall of the aneurismal cavity, is generally smooth and polished, and by some is said to be covered with a membrane continuous and identical with the lining membrane of the artery. The truth of this last statement we must for the present hold in abeyance. We cannot ourselves conceive of the generation of a normal membrane upon an adventitious deposit; but we find nothing in the works of the later pathologists, whose method of rigid examination would soon settle the question, to enlighten us upon the sub-

ject, and we have had no opportunity personally to make a microscopical examination of such a specimen.

The fibrinous concretion adheres very closely to the artery, giving rise to the belief in some that there is a vascular connection between the two. Wardrop considers the mass as bearing the same relation to the artery that the fibrous plug formed after the ligature of a vessel does. These, it has been shown, do have a communication with the vasa vasorum of the neighboring walls.

Differing greatly from these fibrinous lamina are the coagula of blood found in an aneurism. These are irregular in shape and in their place of deposition. Sometimes they are engaged between the lamina of fibrine, at others they appear as concretions around the loose edges of the lamina, and whilst these last seem to be the inevitable if not necessary constituents of an old aneurism, the coagula of blood appear to be rather accidental.

Though the above is a description of the commonest form of aneurism, there is a variety in which the phases differ somewhat. In this the previous disease seems to have had the effect to weaken the adhesion between the coats of the artery, particularly between the external and middle coat. The result is, that when the two inner tunics give way, the blood, instead of forcing its way onward against the outer coats, finds an easier diversion by insinuating itself between this and the middle one. Thus it passes up and down the artery, forming a long pouch parallel with it, and often more than half embracing it. Guthrie mentions one case where this pouch was full six inches long, and nearly surrounded the aorta, from which it sprung. To this variety, as a proper distinction, has been given the name of *dissecting aneurism*.

The growth of aneurismal tumors is by no means regularly progressive. The first distension of the arterial coats, when the aneurism commences thus, is gradual, but after reaching a certain point it may remain for some time without increase. And so when the disease commences by a sudden rupture of the arterial tunics, it speedily attains a certain size, varying according to the artery affected, and then may remain without increase for a longer or shorter time. The reason of this we cannot explain in every instance, but we may suppose that in some way either the force of the arterial current bearing against the walls is lessened—in a manner that an investigation of the laws of hydrostatics could alone make clear—or a resistance may be met with in the surrounding tissues which counteracts the force of the impulse. The progress of the tumor thus arrested may remain so for an indefinite time—there is no necessity in its nature for increment. Some fresh exertion, however, favoring an increase of the force of the current, or lessening for the moment the favoring resistance of the surrounding parts, may give it a fresh start, and the size of the cavity increases. Or, by steady pressure, absorption is induced,

and thus the opposing walls are weakened. In either case the yield may not be equal throughout the whole periphery of the tumor, but may be greater at particular points. In this case the aneurism assumes a nodulated form, or may take a growth very different in direction from that of its commencement. Thus, instead of coming nearer to the surface, it may push out laterally, under pressure of a fascia, and thus sometimes, as we shall presently show, effect a cure by pressing down upon and obliterating the artery from which it sprung.

In its later stages the growth of the aneurism is more slow than in its earlier, as a general rule, for then the fibrinous lamina take the impulse and distension by direct force, and the disease is thus much lessened. This, indeed, sometimes arrests the disease entirely. But at this period other forces are brought into play, which in some cases lead to a rapid increase of the tumor, and by its final bursting suddenly terminate the case. These are absorption and sloughing. The walls of the sac are thinned, and thus may yield by a sudden exertion, or, lessened in vitality by the pressure upon them, may slough and give way.

The actual period required for the course of an aneurism from its commencement to its termination is very variable, as may be supposed from the number of modifying circumstances that may affect it. The amount of disease in the artery, the general health of the patient—his habits of life, whether active or sedentary, regular or irregular—his circumstances of life, whether subjecting him to hard labor, or giving him an opportunity of favoring himself—his nervous impressibility, together with many accidental influences that can scarcely be enumerated, and certainly not accurately estimated, even in any given instance—all have a modifying effect that prevents us from making a reliable prognosis in any particular case, and utterly defies us in attaining a general average. As an illustration, we believe it is Hodgson who relates a case of aneurism of the popliteal artery that terminated fatally in three weeks by gradual progression. We have known an aneurism of the arch of the aorta terminate life in less than a month from its discovery; and another case of ours, under many disadvantages, lived nearly a year; while De Haen mentions an instance of the same form of disease requiring some seven years before it terminated.

#### TRAUMATIC OR FALSE ANEURISM.

Traumatic or false aneurism does not differ greatly from true aneurism in its history, except as to the first stages of the latter. These, of course, are wanting in the former. Some foreign body from without, or sometimes a portion of the system itself—a broken bone,\* the sharp edge of a carious one, or, as we have lately

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\* Lisfranc, in his *Clinical Surgery*, gives one following fracture of the leg.

seen, a spicula of necrosed bone,\* penetrates the artery, dividing its tunics to a greater or less extent. External hæmorrhage is prevented or arrested, as the case may be, by the elasticity, the tumefaction or the strength of the parts intermediate between the artery and the surface, but a pouch or sac is formed in the neighboring tissues. Those in immediate contact with the cavity are condensed so as to form for it fit walls, and then commences a pathological history of the affection precisely like that of true aneurism at the same stage—that is, after the rupture or absorption of all the tunics. The lamina of fibrine and the coagula of blood are identical, and the phases through which it passes, and its effects upon the surrounding parts, are so precisely like those of true aneurism as to make it entirely unnecessary to treat the affection separately.

#### EFFECTS OF ANEURISM UPON THE NEIGHBORING AND OTHER PARTS.

The effects of an aneurism upon the surrounding parts, as might be predicated from the circumscribed and non-malignant character of the disease, are such only as it produces by its bulk and pressure. The first causes displacements of the neighboring organs that are movable—continued pressure, particularly with resistance, causes absorption of them. Effects upon more distant parts are felt according to the nature and importance of those more immediately affected.

The result upon the nerves involved is at first an increase of sensibility, aching, dragging and violently acute pains; later a destruction of sensation, paralysis, with atrophy and absorption of the nervous cords themselves.

The muscles are pushed aside from their bed and proper line of traction. They, of course, are thus rendered useless, and as a necessary consequence in time become pale, flabby, atrophical or affected with fatty degeneration.

The bloodvessels and absorbents are flattened and rendered impervious. The result of this, as regards the arteries, has in some very rare cases been a sphacelus of the limb beyond, but the growth of the tumor being generally slow, nature has time to set up a compensatory endeavor, and the collateral arteries become enlarged and fitted to take upon themselves the functions of the one obliterated. The obstruction of the veins and absorbents leads much more frequently to trouble, causing great œdema and tumefaction of the limb beyond. In time this leads to disorganization of the tissues, and in several instances sphacelus has been a sequence of this condition.

The skin and subjacent cellular tissue partake in the general condition of the other tissues, being engorged and hardened—the

\* In the Report of Surgical Cases treated in the Meath Hospital in 1833 (by W. H. Porter, reviewed in the *Medico-Chirurgical Review* for July, 1834), there is a case of aneurism caused by a necrosed bone. The man was aged 29, and of bad habits. His system was much exhausted, precluding an operation, and he died of sudden hæmorrhage.

skin often becoming rough and throwing off from it an increased quantity of epidermis.

The ligaments become thickened and unyielding, stiffening the joints; and when the disease has been of long standing these are sometimes found absorbed, their attachments broken up, and the bones they held together dislocated.

The bones, in early stages of interference from aneurismal tumors, resent the attack in increased vascularity and irritability, producing at times hardening, and sometimes enlargement of them. The secondary effect, or rather the result of the persistent pressure of the tumor, is, in some cases, ulceration, but still later, in all, an absorption of the osseous tissue. The femur has thus been found completely cut through. The vertebræ have been seen with the bodies almost entirely removed, though it is notable that in these cases the intervertebral elastic substance seemed to have had comparatively but little impression made upon it. We have also seen the sternum perforated, the ribs wasted, the clavicle divided, and these results effected with no appreciable suffering referable to the osseous tissue.

We must notice, also, the difference between the effect of the pressure of an aneurismal tumor upon a mucous and upon a serous surface, and the results following. It is simply that when pressure is made upon a serous surface, it becomes glued to the surface opposed to it and into contact with which it is forced by the pressure. Thus, a strong barrier is formed against the advance of the aneurism in that direction. With a mucous surface, no such union takes place, and the consequence is that the membrane yields, and thus often becomes the weakest point of the sac. So while we often have cases of aneurisms bursting into mucous canals or cavities, we very rarely find them opening into serous enclosures.

Of the organs within the cavities, it is scarcely necessary to say that they partake with others in the inconveniences of a neighboring aneurismal tumor. They are displaced as a first effect, with more or less embarrassment of their functions as the next. This embarrassment occurs sooner or later, according to the impressibility of the organ. The implication of other organs, and the damage to the rest of the system, are of course in direct ratio with the importance of the organ first or immediately affected.

It is scarce necessary to go into further details upon this point, as we take for granted that the reader's knowledge of physiology will, with but little exertion, bring to mind the effects we allude to. We may suggest that a tumor within the cranium, bearing upon a portion of the great nervous centre, will soon produce a paralysis of the organ supplied with nervous energy by that portion. Our note-book gives a case of aneurism at the occipito-temporal angle within the cranium, causing protrusion of the eye and

separation of the bones. This was cured by ligature of the common carotid.

In the neck, deglutition is embarrassed in many instances by actual pressure upon the œsophagus; but oftener an interference with the functions of the phrenic, glossopharyngeal and par vagum nerves is the particular form in which an aneurism in this region produces trouble.

In the chest, we have displacement of, and interference with, the important organs there, giving rise to dyspnœa and to imperfect oxydization of the blood.

Dr. Blakiston remarks that "aneurisms springing from the part of the aorta within the pericardium, or from the portion of the vessel comprised between the left bronchus and the diaphragm, usually run their course without producing serious results by concentric pressure." In the former instance, because they usually burst before they attain any great magnitude; in the latter, because even when acquiring great bulk they only interfere with "the bases of the lungs, the apex of the heart and the œsophagus."\*

In the abdomen, besides the mechanical effects from bulk, pressure, &c., the secretions of the glands are arrested in their passage from the organs, and are re-absorbed into the system. We have, thus, jaundice† and uræmic poisoning induced, besides which, pressure upon the vena cava, or the trunks of the absorbents, results in œdema of the lower extremities.

Such is a brief sketch of what we may expect from aneurismal tumors in these various localities, but we do not pretend to have made the catalogue complete. We have only said enough to indicate the kind of sequence to look for.

[To be continued.]

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

Aug. 26th. *Poisoning by Corrosive Sublimate*.—Dr. CABOT reported the case.

A young woman, about 25 years old, was brought to the Hospital at about 3 o'clock, A.M., Aug. 26th, vomiting and retching violently, breathing with great difficulty, and almost pulseless. The account given was, that she had been perfectly well till 6 o'clock the previous evening, when she suddenly became nauseated, and in half an hour vomited. No physician was called till 11 o'clock, when Dr. Seaverns, of Jamaica Plain, was summoned, who found the fauces inflamed and

\* Practical Observations on Certain Diseases of the Chest, and on the Principles of Auscultation, by Peyton Blakiston, M.D. London. 8vo. 1848.

† In the Transactions of the Medical and Chirurgical Society (2d series, vol. vi.), Dr. Wilson gives two cases of aneurism of the superior mesenteric artery, in one of which jaundice was produced by pressure of the sac. In the other, vomiting of blood occurred frequently, but there was no direct communication between the cavity of the sac and the stomach or intestines. In both, there was severe and constant pain in the middle of the back.—Page 220.

the uvula much swollen. He cauterized the parts with nitrate of silver; but finding that the patient grew worse, he brought her in a carriage to the Hospital.

The patient was perfectly conscious on her arrival at the hospital, and had strength enough to walk to the water-closet with but slight assistance. She stated that she had been unwell for five weeks past, but did not describe her symptoms. The whole surface of the body and limbs, with the exception of the abdomen and inside of the thighs, was cold, but the patient complained of feeling hot, and of a burning pain in the lumbar region. Soon after her arrival she vomited some pure blood. As the girl seemed almost asphyxiated, Dr. Cabot was sent for, who opened the trachea, and inserted a large double canula, after which the breathing became perfectly free, and the pulse grew stronger and fuller. The patient now began to call for cold water in large quantities, and would almost refuse a smaller amount than a tumblerful. After the operation, she continued to vomit, with much retching, bringing up a bloody-looking fluid. She likewise called for the bed-pan, and used it frequently during the night. The dejections were for the most part fluid, containing apparently blood, mucous membrane and a thick scum. The dejections and matters vomited resembled each other, and were so peculiar that they were saved. The resonance of the chest was everywhere good, but sonorous râles were heard in all parts of it. The pulse soon began to fail again, and the skin grew more and more livid, until it became everywhere of a dusky hue, although the air passed in and out of the tube freely. She remained conscious till her death, at 10 o'clock, 25 minutes, A M.

At the *autopsy*, the anterior portion of the tongue was natural; the posterior portion was of a dark-brown color. Epiglottis somewhat swollen and stiff; for the most part of a dark, brownish-red color, with a small portion of the mucous membrane eroded. Lining membrane of trachea and bronchial tubes, to their smallest ramifications, of a dark reddish-brown color, and covered with a very thin, slate-colored substance. The submucous tissue was much injected with blood, and of a red color. The mucous membrane was shining and not friable.

*Lungs*, healthy.

*Œsophagus*. Mucous and submucous tissues in the same state as in the trachea, except that the mucous membrane was more friable.

*Stomach*, moderately distended, somewhat œdematous, externally. Peritoneal coat shining and healthy. No perforation. The upper (œsophageal) portion of mucous coat, for the space of four inches in diameter, was of the same color as that of the œsophagus. The pyloric portion, particularly at the depending part of the organ, was thickened, of a dark-brown color, and traversed by numerous high rugæ. The mucous and submucous tissues were almost gangrenous, and very friable. The stomach contained about seven ounces of dark, reddish-brown fluid.

*Small intestines* of a very pale pink color, externally, but polished and glistening. The mucous membrane was reddened from the pylorus to the cœcum. The reddening was most marked near the pylorus, but there were occasionally spots the size of a dollar, of a brown color, and almost gangrenous. The mucous and submucous tissues were not, on the whole, much inflamed.

*Uterus*. The organ was about 4 inches in length, and 2½ inches



through at the fundus. It was evidently enlarged; the neck appeared elongated, and the os was filled by a mucous plug, which hung out from the external orifice. On cutting the uterus open, the walls were found to be about half an inch thick. The horns, or rather the right and left corners of the fundus, each contained an ovum, a few weeks old. There was a corpus luteum in each ovary, and the orifices through which the ova escaped from the ovaries were plainly visible. Corpus luteum of a dark color, except a small portion of the circumference, which was yellow.

*Heart* normal, filled with blood which was partly coagulated.

*Kidneys* much injected; otherwise normal.

*Liver and spleen* normal.

The *breasts* were flaccid; the nipples of a brownish color, and the papillae around them were enlarged.

[The chemical report of this case, by Dr. WHITE, has already appeared in the JOURNAL.—SECRETARY.]

SEPT. 9th. *Stricture of the Oesophagus*.—Dr. COTTING showed the parts, from a patient whom he had seen in consultation. A woman, æt. 47, had had dysphagia for ten or twelve years; for the last year she could swallow only liquids and soft food, and seemed finally to die from inanition. Several ineffectual attempts were made to pass an instrument, and shortly before death considerable force was used. The stricture commences quite abruptly about opposite the upper edge of the cricoid cartilage, is about one inch in length, and not more than three or four lines in circumference upon the inner surface, at the narrowest part. The parietes are firm to the feel, consist of a homogeneous, pearly white, condensed tissue, without any appearance of muscular structure, and, at the time of the dissection, cut like gristle. The mucous membrane, however, is continued over it, and seems to be very little altered in structure. Just above the stricture is something like a small ulcer, but confined to the mucous membrane; and a little higher up, is a small opening, leading downwards into an irregular abscess in or about the thyroid gland, capable of holding about a drachm, and containing some moderately thick pus. Immediately above the stricture, and upon the right side, there is a fresh laceration, leading downwards, and evidently, Dr. C. thinks, made by an instrument. The formation of the abscess was probably due, he thought, to the passage of an instrument before he saw her. There was no dilatation of the fauces, but the mucous membrane just above the stricture was a little red, and perhaps excoriated.

Dr. JACKSON remarked that he examined the parts carefully soon after removal, and it was the first case of simple stricture of the oesophagus that he had seen; he had examined several cases that had been so regarded during life, but had always found some form of cancerous disease. In regard to the rectum, also, he made the same remark; except that he had not there met with the first case of simple stricture, much as it is spoken of.

SEPT. 9th. *Blighted Twin Fœtus*.—Dr. STORER showed the specimen, which he had received from Dr. Peter D. Walsh, with the following history of the case. A woman, 22 years old, was confined of her second child, Sept. 7th, after a labor of twenty hours. The child, a male, weighed 12 pounds. Pains were immediately renewed, throwing off a blighted fœtus, and subsequently the placenta. The woman did well. No cause could be assigned for the death of the second

fœtus, except that the mother had had a diarrhœa, lasting twenty days, when four and a half months pregnant, from which, however, she completely recovered, and remained well during the rest of her pregnancy.

The blighted fœtus weighed  $3\frac{1}{2}$  ounces, and measured  $7\frac{3}{4}$  inches in length. It had the flattened, exsanguine, macerated look, and the tattered surface that is so generally seen in these cases. Upon one shoulder is a small quantity of fresh, dark red blood, that must have been extraneous, though it seemed to be, in fact, just beneath the surface. The vessels of the cord were not larger than the smallest sewing thread, and looked as if no blood had passed through them for a long time. The inner surface of the amnion was pretty generally more or less roughened by a dead, opaque, pasty or crumbling, adherent deposit, but nowhere in any great amount. The placenta weighed 1 pound, 15 ounces, and formed a continuous mass—the portion that belonged to the blighted fœtus being in no way different from the remainder, except that it was smaller, each portion having upon the fetal surface one of the white, opaque, thickened, condensed masses that is so often seen.

SEPT. 9th. *Fatal Secondary Apoplexy; Disease of the Kidneys.*—Dr. Moxon reported the following case.

A man, 49 years old, of dissipated habits, was brought into the hospital, July 21st, with hemiplegia of the left side, dulness of intellect and loss of control over the sphincters; having been attacked early the previous morning, while playing cards, with trembling, followed by convulsions. He began to improve in a few days, recovered from the paralysis, and was able to walk without limping when he left the hospital, Aug. 25th. On the 2d of September he was again brought to the hospital, vomiting large quantities of undigested food, having been picked up in the street insensible. He had no paralysis, partially recovered his intelligence, and slept well. The next morning his mind was quite clear, and he took his breakfast without assistance. Soon after, however, he vomited his breakfast, was attacked with paralysis, followed by coma, and died in a few hours. The pupils were at first contracted, and just before death were dilated. The patient had had no œdema, or other sign of Bright's disease. The urine was not examined.

The *autopsy* was reported by Dr. ELLIS, as follows. *Head.* Calvaria thick, with very little diploë. The tissue of the upper part of the right hemisphere of the brain was of a straw color, deepening with each successive incision. About an inch below the surface was a clot, of some age, about 3 inches long by 1 wide, close to the median line, having for its lower boundary the roof of the right lateral ventricle. In and above the pons Varolii was a large recent effusion of blood. The heart weighed 1 lb. 2 oz., the excess being due mainly to hypertrophy of the left ventricle. Neither the heart nor the vessels contained any coagula. The spleen was very soft, almost deliquescent. The right kidney was full size. Its external surface was, in parts, coarse and granular. Cortical substance of lighter color than usual. The microscope showed the tubuli to be filled with fat-globules. The lining membrane of the pelvis was somewhat vascular, and studded with minute translucent granulations. The left kidney was very small, and was composed only of a thin layer of renal substance enclosing a mass of adipose tissue, which lay beneath the

membrane of the pelvis. This was so much in excess of that usually found in this region, that the cavity of the pelvis was reduced to a very small size, though it still communicated with the ureter. In various parts of the renal tissue were yellow formations, showing the existence of inflammation. The kidney was surrounded by a large mass of fat. The *liver* was congested. The *intestines* were not examined. The *urine* was albuminous, and contained numerous crystals of triple phosphate.

Dr. Minot observed that the extravasation in the right hemisphere was evidently the cause of the first symptoms, at the time of the patient's entrance into the hospital; and it was remarkable that he should have recovered so perfectly from its effects, while so large a quantity of the effused blood remained in the substance of the brain. The second seizure corresponded with the effusion on the pons Varolii. Both the apoplexy and the hypertrophy of the heart were probably consequent upon the disease in the kidneys.

SEPT. 23d. *Large Fatty Tumor removed from the Scrotum* by Dr. GILMAN KIMBALL, of Lowell. Dr. JACKSON showed the specimen, which he had received, with the history of the case, from Mr. S. G. Minasian, student of medicine, and with the permission of Dr. K. The patient, an Irishman, 23 years of age, had had, for about five years, pain in the testicles, coming on at times for half an hour or more, and sometimes so severe as to cause faintness; with occasional dysuria. About a year after the pain began, the tumor was first noticed in the lower part of the scrotum, and it had been increasing from that time, the pain and dysuria continuing as before. On examination, it looked and felt like a hernia; spherical, but somewhat elongated by the weight; feeling of hard nodules, about the size of walnuts; no pain on pressure, and by this means the mass could be distinguished from the testicles. In the operation, from which the patient recovered quite well, Dr. K. was obliged to remove a large piece of the tunica vaginalis. The mass weighs about two pounds, and consists of many lobules of pure fat, without anything like a cyst about them, and generally very loosely connected by a delicate cellular tissue.

Dr. J. remarked upon it, as a very singular fact, that such a tumor should form in the scrotum, where, in a healthy condition, fat is never seen. It may have formed higher up, and gradually descended into the bottom of the scrotum, but the patient seemed pretty sure that it first appeared in this latter situation.

SEPT. 23d. *Acute Tuberculosis, or Pyæmia?*—Dr. COALE read the following case.

E. F. W., aged 9 years and 10 months, was born of parents both already affected with tubercle. His mother died when he was two years old—the father six or eight months afterwards. He has always been a bright, active, intelligent boy, and, with the exception of scarlet fever, and a discharge from his ear, healthy. The otorrhœa continued for several years, and last spring there was perforation of the tympanum of one ear, great redness of both, and granulations around the edge of the tympana. The discharge was very greatly lessened, and the perforation of the tympanum closed, by the beginning of August last, when he went to Keene, N. H., to spend his vacation. He was there at the house of a friend, who represents him as having been in fine health, and having enjoyed himself much in active out-door exercise. He returned the first week in September, looking fuller in the

face, and remarkably well. On Saturday evening, Sept. 7th, he was seized with a violent pain in the left ear, which gave him an uncomfortable night, and continued through Sunday. That night, a discharge of pus ensued, and he felt relieved. Monday night he was feverish, and on Tuesday he had a violent chill, followed by increase of fever; then a sweat, and then a great remission of the fever. Wednesday, these symptoms were so slight that it was supposed he was getting over the trouble. They recurred, however, with great violence Thursday night, and on Friday morning, September 13th, Dr. Coale was sent for. The boy was in a high fever; the tongue coated over the middle, but red and clean around the edges. Pulse 100; some headache in the forehead and top of the head; no delirium; bowels free; no nausea; no tenderness over abdomen; no pain; no cough. Calomel and magnesia were prescribed, and the next morning were found to have operated kindly. This was followed by *Spiritus Mindereri*. During the night, however, another chill had occurred, with the same sequence of exacerbation, sweat and remission. These symptoms were not altered in any particular, except in the tongue cleaning off somewhat. The chills occurred sometimes once, but on two or three occasions, twice, in twenty-four hours. On examination of the chest, no physical signs were detected that threw any light upon the disease. The upper part of the right front chest seemed a little duller than the same region of the other side. The examination, it should be mentioned, was made while the patient was lying on the back. On Thursday, Sept. 19th, symptoms of sinking were very evident. The past night had been one of great suffering. Violent pains had been felt in the right chest, and had been only partially relieved by hot applications. From this time the disease made a rapid progress. The fever was more unremitting and higher, the strength failed. There was, however, no cough, no strabismus, or subsultus, no delirium, and to the last moment no clouding of the mind. Death took place on Sunday, at 7 P.M., Sept. 22d.

The post-mortem examination was made the next afternoon. The brain was not examined. All the organs were healthy except those of the thorax. In each pleura was found a pint of muddy serum with flocculi of lymph floating in it. The membrane itself, both on the costal and pulmonary side, was covered with lymph, in some places so tenacious and membraniformed as to be peeled off readily for the length of an inch, and for half that breadth. In the right pleura were several points of recent adhesion, one of some three or four inches in extent. The lungs were so alike in their condition, that they need not be described separately. They presented, in different parts, apoplexy, simple congestion, hepatization and abscess. The apex of each was free from disease, the affected parts being chiefly confined to the posterior and inferior parts. There was, however, a purulent deposit, the size of a hickory nut, somewhat like gray hepatization, in the anterior part of the right lung; and on the anterior inferior edge of the superior lobe of the same lung there was an abscess the size of a small pea. The pus in this was not entirely fluid, but had with it, and adhering to the walls, a pasty substance more decidedly like tubercle than anything else that was found. There were certainly no tubercular deposits or miliary tubercles.

What was the disease? Was it tuberculosis, or was it pyæmia? There was surely every reason to expect tuberculosis from the ante-

cedents of the patient, but immediately before the attack he had been very well. There was no unaltered tubercle found, though the soft, pultaceous contents of the cavities of the abscesses looked much like broken-down tubercle. There was no tubercular deposit in the apices, but in another case of Dr. Coale's, while both lungs were studded with miliary tubercle, and tuberculous masses existed, in every other direction, the apex of the right lung was the only sound spot in the pulmonary apparatus. But could it be called a case of pure pyæmia? The ear had discharged very freely, and after the gush of the discharge there was but very little oozing, as if very little pus were manufactured, and no pain or uneasiness, showing there was no retention. The character of the fever was not indicative of blood-poison, nor was there any of that cerebral disturbance generally found. In pyæmia, too, we have the deposits fewer in number, but larger.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, OCTOBER 17, 1861.

UNITED STATES SANITARY COMMISSION.—The publications of this body, of which we gave some account last week, contain so much matter of general interest, that we cannot refrain from recurring to them again. We rejoice to see that its members are practical, working men, not merely theorizers or retailers of trite commonplace in matters of hygiene. The reports of its individual members show that they have seen with their own eyes the very many things which needed correction in the various camps and barracks of our volunteer force; and there is an outspoken honesty in them which "calls a spade a spade," and does not hesitate to hold up abuses to the public gaze, and to mention delinquents by name even, which in our community is refreshing indeed. The unanimous approval of the acts of the Commission, and the great deference that has been everywhere paid them, promise well for the good which is likely to result from their labors. Probably by this time many of the evils complained of by them have been corrected, growing, as they did, many of them, from nothing but sheer ignorance. Those which have this excuse to offer will hardly stand long in the light which these reports throw upon them. All the publications of the Commission are extremely interesting, and we hardly know where to stop in selecting extracts. Beginning with Dr. Howe's admirable letter on the sanitary condition of the troops in the neighborhood of Boston, we find that even here, where we have been apt to think we were models for universal imitation, we had not a little to learn. As Dr. Howe's letter bears date July 25th, we are ready to believe that many of his valuable suggestions have been already acted on; in fact, the good health among our troops in camp would seem to prove this. At the time of his visit, however, Dr. Howe says:—

"As a general thing, not only at the islands, but in the camps on the main land, the men are too much crowded. This is especially true of their quarters by night. The able report of the British commissioners on the sanitary condition of the army recommends that each soldier be allowed in his barracks a space containing at least 600 cubic feet of air."

Dr. Howe then gives the measurements of the space allotted to the men at Forts Warren and Independence, and shows that in Fort Independence

"The maximum cubic space of air to each man is less than one half the minimum recommended by the British Sanitary Commission. The floor space was still more cramped, being less than 16 feet upon an average, and in one room less than 13 feet to a man. This allows only about two feet lateral space upon the floor, so that the men slept in actual bodily contact, packed almost like herding."

At Fort Warren, "the average floor space was less than 15 feet to each man, and the average and cubic space less than 145 feet."

The Doctor makes an excellent suggestion with regard to pitching tents. He says:—

"In the first place, the tents are badly pitched. In some no attention is paid to drainage; and in none that I have seen is the drainage systematic and thorough. In some, as at Readville, a slight ditch is dug around the tent, and the sods and dirt left in a heap or carried away at leisure. A far better way is, supposing the tent to be circular, to mark a space equal to its circumference at the bottom, and take off all the sods from the inside of this circle, then dig a trench all around the outer edge and throw the dirt within the circle, then take the sods and put them back again, and beat them down firmly. You have then an elevated floor; and if you drive the pegs at the bottom of the trench, and strap down, you can easily keep the tent dry without closing it at the bottom. If the wind blows, throw in a little light straw, hay, or brush, and break the draught without closing the opening. If the ground is well chosen, it is easy to drain all the trenches into one common drain."

The barracks at Camp Cameron are also subjected to Dr. Howe's strictures, and were at the time of his visit, he says, "utterly unfit for New England men to live in. They are unfit for barracks for soldiers who are being trained for the army"; and in conclusion he remarks that

"They are so constructed as to allow our soldiers less than 14 feet floor space, and less than 245 cubic feet of air. Admitting that the buildings are not full, and that upon an average the inmates do not exceed 100, still we give them only 20 feet of floor space, and 300 cubic feet of air; a stinted allowance, which, if made to paupers, ought to cause the almshouse to be indicted as a nuisance. The same may be said of the Park Barracks, in New York, and many others."

The Commissioners found much that needed correction in the construction of the sinks, the diet, and the cooking arrangements of soldiers, all of which we hope has been amended, so far as the rules of the service allow, by this time.

Another interesting document, in the same collection, gives "Notes of a Preliminary Survey of the United States Forces in the Ohio and Mississippi Valleys, by H. W. Bellows, D.D., President of the Commission." Dr. Bellows gives sketches of his visits to the different posts and encampments at the West, and shows the same interest in details of camp arrangements that other members of the Commission do elsewhere, and criticizes with the same freedom. He found some shocking abuses, and observed many instances of gross neglect, as well as evidence of ignorance and inexperience, which we cannot but hope have been remedied before this. After referring to the empty Marine Hospital at Cincinnati, which had been built at an enormous expense by the government, and had been allowed to remain idle while the patients had been farmed out at a miserable concern called the Commercial Hospital, he speaks of such institutions in the following terms,

in which we think he will find many hereabouts most cordially to agree with him :—

"The abuses of the United States Marine Hospitals are worthy of the attention of a special committee, directed to visit every one of them, and report minutely their separate history, cost, age, use, and present condition. It is feared that they would turn out to be a systematic fraud on the public treasury, made with the connivance or inadvertence of successive administrations, under the alleged necessities of party spoils. They afford opportunities for the sale of costly pieces of ground, and the erection, under profitable contracts, of expensive edifices, and then the appointment to lazy offices of resident stewards, and the salarizing of attendant physicians. Being under the control of the Treasury Department, they fall into the hands of the collectors of the ports where they are situated, and by them are, I suspect, generally administered, as at St. Louis, in a perfectly careless manner. Their combined cost, and the money expended in maintaining them, often in a ruinous state, would, considering the small amount of usefulness reaped from them, present them, taken altogether, as one of the most unjustifiable abuses of the public funds; and if they are sustained, as is affirmed, out of the money paid by the marines themselves, it makes the misconduct of their trustees, the United States government, only additionally reprehensible."

Amen! to that, with all our hearts.

Turning over the leaves of the report, we come to Cairo, of which we are glad to learn that

"Though low, it is now neither damp, muddy, nor unhealthy. The water which stands in the plain a few inches deep, after a heavy rain, very soon, owing to the sandy character of the soil, disappears. Engines are at work, also, to drain the surplus water off into the river. The army has cleared away some thousands of stumps from the central plain of Cairo, and created a very fine parade of two or three miles long, and a mile or so broad. Col. Paine's regiment was chiefly active in this good work, which will prove of lasting service to Cairo. The general health of the place is testified to by an intelligent resident physician (a Virginian) as being better than at most points on the Ohio and Mississippi. Fever and ague does not abound, and there seemed to be a general testimony among the army surgeons there that the health of the troops was as good as at any other point where so many men are collected. The sick list showed us about 250 on their backs in a force of 6000, which, at the close of June and first of July, is not an excessive number. The open, airy character of Cairo, situated between two rivers, which act by their unequal currents as perpetual ventilators, saves it from the influence of the malarious airs, which seem to blow over it, and produce their mischievous effects in the high lands beyond, on bluffs crowned with wood, at Villa Ridge, clothed with a forest obstructing the free passage of winds, and occasioning, perhaps, by a cooler atmosphere, a precipitation of the poison at a particular level. Cairo proves more healthful than would be supposed from its apparently exposed position."

Dr. Bellows finds in too many instances much inattention to cleanliness, carelessness on the part of the men, overcrowding, &c., which seem to be the almost universal faults among our volunteers at first. We cannot help quoting one case of gross want of judgment in locating a camp, and of apparently culpable remissness on the part of the medical officers. Speaking of the 22d Illinois regiment, in camp at Caseyville, he says :—

"The 22d regiment, Col. Dougherty, is in a wretched condition. It is encamped only a half mile to the east of the 13th. But it is in a valley, beneath very shady trees, and under the lee of some hills, all which combine to make the miasmatic atmosphere stagnate at the spot, as the winds have no circulation. They have been there only thirteen days, but have 250 men, out of about 900, more or less sick with camp dysentery. This is due in part to the situation, but in part also to the water, which is black and disgusting. It is taken from some pits sunk in a kind of half stagnant gutter, in the other end of which the pigs are rooting.



All the water they have is from this wretched source, and they have not enough even of this. Of course they mix worse rum with this bad water, and the men are poisoned.

"The hospital is in a room hired for the occasion, which is a perfect pig-sty for nastiness. The accommodations are only for, say five and twenty, and the sick are 250. The steward (for both surgeon and assistant were absent) had made fifty prescriptions to-day, and was not through yet. The camp has no hospital tent or stores, except what it borrows from the 13th. The surgeon of that regiment is also absent. There is evidently a gross neglect in these easy absences, granted at a time when no excuse should suffice to absent the doctor, who is so sadly wanted."

Speaking of the effect of the water upon the health of a large camp, Dr. Bellows says:—

"It is evident that change of water, and especially *bad* water, is the most immediate and serious cause of illness in all western camps at this time. Pains enough are not taken to place the camps with reference to the vicinity of good water. The best water in Illinois was said to be found at a ridge running down from four miles below Alton, near the Junction, where broad and excellent camping and parade grounds existed. The colonels had *prospected* this place, and approved it; but were, nevertheless—so I heard from a reputable source—ordered to remain where they were, and where they had actually suffered at first for want of *enough* water, because the contractors found the immediate neighborhood of Alton a more profitable place to meet their engagements in!"

Referring to the matter of discipline, the Commissioner says:—

"Col. Turner said the great difficulty was in getting the men to obey officers no better than themselves, and often not as good. The officers might *persuade*, but did not know how to *command* men they associated with at home as equals. And this is the chief misfortune about the volunteers, and really raises the question whether the men of one district would not be better officered from another. The colonel complained that it was very difficult to have the camp police, in respect to the use of sinks, carried out, and this was evident to several senses."

This is an evil which our Virginia experience must have done much to correct by this time; actual service in the field soon shows men the importance of obedience to their officers.

As a specimen of the operation of red tape, we give the following:—

"It is evident that the medical directors are in general too few, too old, or too inactive; that they do not go about and inquire into the wants of the surgeons and hospitals, and facilitate their accommodation with stores. The regiments at Caseyville, Cairo, Alton, had been visited by Dr. Taggart, who referred them to Dr. ———, who was with General McClellan. But all this roundabout inquiry compelled these urgent hospital wants to be referred to Springfield—a distant place—where orders were made out to be filled at Cincinnati, while all the time a medical director and purveyor both existed at St. Louis, with abundant stores, whence, at a distance of nine miles from Caseyville, twenty from Alton, and six hours or so from Cairo, all these wants could be in 24 hours fully met. I endeavored to bring this about; but the medical director at St. Louis is old and inactive, and past real usefulness; while Dr. Bailey, medical purveyor, no longer young, lives at Jefferson Barracks, where he is surgeon, and does the duties of this St. Louis post as extra service, which is all wrong. Young, active and efficient men are solely wanted in this important department. The lack of a regular inspector, U. S. A., flying through the camps, communicating information, and spurring on and facilitating official service, is most obvious."

We have thus gleaned from these interesting reports enough to show how much the Sanitary Commission was needed, and how great a good is likely to result from their labors. As matters of history they are of extreme value; and we cannot but think that through their agency our country will be saved the lives of thousands of her brave

sons, who would otherwise have fallen victims to our general ignorance and inexperience in matters of war.

**BOSTON DISPENSARY.**—The following is a summary of the number of patients enrolled upon the Registers of the Institution for the year ending Oct. 1, 1861:—

Whole number, 16,834. Central Office, 8,802. Medical service, 5,635—Males, 1,200; females, 2,355; children under 15 years, 2,080. Surgical service, 3,167—Males, 976; females, 1,002; children under 15 years, 1,189. Patients returning one or more times, 10,534—medical, 6,402; surgical, 4,132. Average daily attendance at Central Office, 63. Patients at their homes—whole number, 8,032—Males, 1,222; females, 3,067; children under 15 years, 3,743. Results in the Districts—Discharged cured or relieved, 7,491. Removed to Hospital, 235. Died, 305. Number of cases of midwifery, 219. Dispensing of medicines.—Whole number of prescriptions for the year, 37,910. Written at Central Office, 18,721; written by District Physicians, 19,189. Average daily number (Sundays excepted), 120.

**DEATH FROM CHLOROFORM.**—A young man, a patient in the Cumberland Infirmary, Carlisle, England, came to his death on the 6th of September, while under the influence of chloroform administered by the house-surgeon previous to the performance of a surgical operation. Unconsciousness had begun, and the surgeon was about commencing to operate, when alarming symptoms were shown, and soon breathing and animation were suspended, and could not be restored.

**DURING** the month of September, the mortality of Providence, R. I., was 109.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, OCTOBER 12th, 1861.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	27	41	68
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	39.0	38.7	77.7
Average corrected to increased population, . . . . .	..	..	86.25
Deaths of persons above 90, . . . . .	..	2	2

##### Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
15	8	2	1	1	0	1	2	0

##### METEOROLOGY.

From Observations taken at the Observatory of Harvard College.

Mean height of Barometer, . . . . .	30.085	Highest point of Thermometer, . . . . .	77.0
Highest point of Barometer, . . . . .	30.459	Lowest point of Thermometer, . . . . .	41.0
Lowest point of Barometer, . . . . .	29.613	General direction of Wind, . . . . .	N.N.E.
Mean Temperature, . . . . .	58.9	Am't of Rain, (in inches) . . . . .	0.82

For the week ending Saturday, Oct. 5th (omitted in our last issue)—Mean of barometer, 30.241; highest point of barometer, 30.578; lowest point of barometer, 29.762. Mean of thermometer, 68.9; highest point of thermometer, 77; lowest point of thermometer, 43. General direction of wind, west. Amount of rain (in inches), .08.

**COMMUNICATIONS RECEIVED.**—Pinel, Broussais and Louis.—A Case of Poisoning by Stramonium.

**BOOKS RECEIVED.**—The Principles and Practice of Obstetrics. By Gunning S. Bedford, A.M., M.D. New York: S. S. & W. Wood.

**DEATHS IN BOSTON** for the week ending Saturday noon, October 12th, 68. Males, 27—Females, 41.—Accidents, 3—asthma, 1—congestion of the brain, 1—disease of the brain, 2—bronchitis, 1—cancer (of breast), 1—cholera infantum, 8—consumption, 15—convulsions, 4—croup, 2—debility, 1—diarrhoea, 1—dysentery, 1—scarlet fever, 1—typhoid fever, 2—hæmoptysis, 1—disease of the heart, 2—infantile disease, 3—insanity, 2—disease of the kidneys, 1—inflammation of the lungs, 1—marasmus, 5—old age, 2—puerperal disease, 1—scrofula, 2—disease of the spine, 1—suffocated, 1—unknown, 1—whooping cough, 1.

Under 5 years of age, 34—between 5 and 20 years, 6—between 20 and 40 years, 14—between 40 and 60 years, 10—above 60 years, 4. Born in the United States, 46—Ireland, 14—other places, 8.